



Comprehensive & Supports Waivers in the Electronic Medicaid Waiver System (EMWS)



Overview of changes made to EMWS for the new waiver types



Behavioral
Health
Division

April 2014

We want to welcome everyone to the training for the Comprehensive and Supports Waivers in the Electronic Medicaid Waiver System (EMWS).

Today is Part 1 of the training. This segment will include an overview of the changes made to the EMWS with the implementation of the new Comprehensive and Supports Waivers starting April 2014.

This is Jessica Fancher, Training Coordinator for the Division

For today's training we will have Ragen Latham, Participant Support Specialist and Sheila Thomalla, Participant Support Specialist

First up, we have Sheila Thomalla who will start us off with information on the new waivers

Waivers

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- ▶ The Adult DD Waiver ends September 28th, 2014.
- ▶ The Child DD Waiver ends June 30th, 2015.
- ▶ All Participants on the Child and Adult Waivers will need to transition to the Comprehensive or Supports Waivers.
- ▶ Participants will keep the original plan enrollment date.
- ▶ The new Comprehensive and Supports Waivers will be available April 2014.

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Four New Waiver Types

- ▶ 1) CA = Comprehensive Adult (21+)
- ▶ 2) CC = Comprehensive Child
- ▶ 3) SA = Supports Adult (21+)
- ▶ 4) SC = Supports Child

Case	Waiver	Participant	Contacts	Associated Users	Processes	Notes
	Waiver: BHD - CA	Participant: Test4/1, Sally	Waiver Type		Case Manager: Aguirre, Lisa	

Although there are only 2 new waiver types the Comprehensive and Supports Case Managers will see 4 new waiver types when starting new cases in EMWS.

The waivers are split into child and adult 21+ for the Long Term Care Units eligibility system. EMWS will need to reflect 4 waiver types which are CA, CC, SA and SC.

The transition process from the current waivers to the new waivers will be detailed in a later training.

The waiver type will be listed at the top of the plan enrollment.

Sections of the Plan of Care Effected by the Changes

- ▶ 1) Right and Restrictions (NEW SECTION)
- ▶ 2) Circle of Supports
- ▶ 3) Needs, Risks, & Restrictions (Will now be Needs & Risks along with other changes)
- ▶ 4) Medical
- ▶ 5) Service Authorization
- ▶ 6) Contacts

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We will provide case manager's a screen shot of each section and give a quick over view of the change.

The IPC e-guide is being updated and will also outline the new changes.

Rights and Restrictions (part 1)

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Rights and Restrictions

Rights & Restrictions

The 'Right, Responsibilities, and Restrictions' document was made available and explained to me or my guardian/parent on: 4/7/2014

Are there physical or mechanical restraints in my plan?

Are there restrictions of my rights?

I am a minor child?

I have a guardian?

Month/Year to review restrictions: 10 / 2014 (Must be reviewed every 6 months.)

Save

This is a new section to the plan, however it has been used in previous plans so case managers should already be familiar with this form. The top section of this form documents:

- 1) When the "Rights Responsibilities and Restrictions" document was made available to the guardian.
- 2) If there are any chemical, physical or mechanical restraints on the plan
- 3) If there are any restrictions to the participants rights
- 4) If the participant is a minor child
- 5) If a guardian is in place; and
- 6) The month and year the rights restrictions will be reviewed by the team. Rights restrictions must be review at least every 6 months by the team but can be reviewed more frequently if needed.

Rights and Restrictions (part 2)

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Specific Rights

Right Restricted	Rights	Reason			How Imposed?	Restoration Plan
		Health & Safety	Behavior	Guardian		
<input type="checkbox"/>	Keep and spend money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rep. Payee: <input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Keep and use personal possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Access to food and drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Send and receive unopened mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Make and receive phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Privacy in matters of activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>

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Teams will need to go over each of the 12 rights restrictions on this page and determine the following:

- 1) Is this a rights restriction for this participant
- 2) What is the reason this right is being restricted? Is it due to Health & Safety, Behavior, or because a guardian is in place for this person. A right may be restricted for more than one of these areas
- 3) The team will need to explain how the rights restriction is imposed. *What does this restriction look like for the person? How does this affect their daily life? What is the least intrusive way this rights restriction can be delivered?*
- 4) Lastly the team will need to detail the restoration plan for the rights restriction. *What is the team doing to help the participant gain more independence in these areas so that this rights restriction may be lifted.*

The division will also be providing another training at a later date on how the rights, responsibilities, and restrictions should be explained to the participant and guardians.

Rights and Restrictions (part 3)

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Receive visitors, communicate and associate with persons of one's choice

Other:

Be free of chemical, mechanical, or physical restraints

Other:

Choose with whom and where to live

Other:

Freedom to move in and outside of my residence

Other:

Choose the providers of waiver services

Other:

Choose own medical services

Other:

Circle of Supports

Circle of Supports

Home Setting

Own home/apartment – with roommate(s)

Number of Roommates:

New "Home Setting" options have been added. The Case Manager will need to include the number of roommates for several of the options.

Circle of Support

To add contacts, click Associate Contacts.

Advocate			
Lisa Aguirre	637-8869		X
Doctor			
dent	(888) 888-8888		X

Add

Associate

Other Services

- DVR
- Food Stamps
- Housing Assistance
- Indian Health Services
- Medicare
- Mental Health Services
- OT
- Other
- Other Medicaid Plans
- Payee
- Private Health Insurance
- PT
- School
- Speech
- SSDI
- SSI
- Transportation Vouchers

The Circle of Supports section has a change in the Home Setting section.

Under the Home Setting section, there is now a drop down box with the home settings.

New home settings have been added to address the new array of services.

Some of these settings require the CM to include the number of roommates.

No longer is other an option.

If a participant lives in two different settings, indicate the one the participant spends the majority of his/her time in.

Needs & Risks (part 1)

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Assessments

Note: Hover over the each field to view detailed information. Comment on all areas.

Incomplete Assessments	Support Area	Support Type	Description	Protocols	Comment	Document
	Communication					
	Community					
	Employment/Employment Training					
	Family & Friends					
	Financial & Property					
	Healthy Lifestyle					
	Housing					
	Meal Time					
	Medications & Medical Regimen					
	Mobility					
	Other					
	Physical Conditions					
	Self Advocacy					
	Self Care - Personal Hygiene, Bathing					
	Supervision Needs					
	Transportation					
	Vulnerability					

Upload Assessment

Please upload the Assessment form.

No file chosen

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This section replaces the Habilitation Supports page.

The Needs and Risks section has a new Support Area ~ Supervision Needs.

This section replaces the Habilitation Supports page that was previously completed and uploaded as a separate document.

The difference is that this section will cover supervision in all services not just habilitation services.

Needs & Risks (part 2)

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Supervision Needs

Assessment

How will the support be provided?

High risk area Natural (unpaid) supports Non-waiver services Restricted due to behavior

Unmet need Waiver services

Assistance during times of more intensive needs

Staffing patterns for habilitation services

Supervision while sleeping

How to assist the person in this area:

Protocol(s) This assessment has protocols

Document(s)

Upload File Choose File No file chosen Upload

Save Cancel

The Supervision Needs section now replaces the Habilitation Supports page.

The Plan of Care now must address supervision for all services.

There are four prompts to address the various areas. Be as specific and thorough as possible when describing supervision.

The first prompt is assistance during times of more intensive needs. *Identify what those times are i.e. meal times, personal care, community, or as described in the positive behavior support plan and describe how that supervision will be delivered.*

The second prompt is staffing patterns for habilitation services. *How will supervision be delivered when in a habilitation service?*

The third prompt addresses supervision while sleeping. *Does the Participant require special checks, positioning, etc. while sleeping?*

The fourth prompt addresses anything that relates to supervision, but is not covered in one of the other areas.

Needs & Risks (part 3)

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Medications & Medical Regimen

Assessment

How will the support be provided?

High risk area Natural (unpaid) supports Non-waiver services Restricted due to behavior

Unmet need Waiver services

Assistance needed at medical appointments

Assistance needed with medications

Medical conditions that require special instructions/protocols

How to assist the person in this area:

Protocol(s) This assessment has protocols

Document(s)

Upload File Choose File No file chosen Upload

Save Cancel

Under “Assistance needed at medical appointment” list any preparations that need to be made prior to the appointment. *How to support the participant at the appointment, and who will be responsible for follow-up after the appointment?*

New prompts added to this section. Seizure protocol(s) would be uploaded into this section.

Medical Professional

Note: An Annual Physical, Vision Screening, and Dental Cleaning are required.

Service Provided	Name	Phone Number	Address	Specialty	Primary	Last Visit	Recommendations
Annual Physical	Dr. Test Case	(307) 777-0000	104 testing for system Cheyenne, WY 82009	Primary Care	No	4/1/2014	continue with current medications and return in 1 yr.
Vision Screening	Dr. Vision	(307) 514-0000	125 Vision Services Drive Cheyenne, WY 82007	Optometrist	No	3/10/2014	Wear glasses daily for reading
Dental Cleaning	Dr. Teeth	(307) 777-0001	456 Dental Drive Cheyenne, WY 82001	Dentist	No	2/10/2014	floss daily

Add

Known Allergies/Reactions

“Serious” has been removed from the reactions. All known allergies and reactions should be noted.

- No Known Allergies
- Aspirin
- Bee Sting
- Cosmetics
- Drug
- Eczema
- Eye
- Food
- Hay Fever
- Hives
- Latex
- Mold Allergy
- Other

Cats- Breaks out in a rash
- Penicillin
- Pet
- Poison Ivy and Plants
- Sulfite
- Sun

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Slide 12 shows the medical page. This section has had several changes.

Annual Physical, Vision Screening and Dental Cleaning are now required per CMS requirements and have been added to the plan.

For each physician, the case manager will indicate *the service provided, the contact information, the last visit and recommendations* from that physician.

Without information about the annual physical, vision screening and dental cleaning, the plan CANNOT be submitted.

Another change on the medical page is the known allergies. The word serious has been removed. ALL allergies and reactions should be noted even if they are not considered serious.

Service Authorization Page

Services

Notes:

- 1) Hover over the Service Code to view the full service name.
- 2) Hover over the icon in the goal column to view the entire Goal.
- 3) Claims information up to date as of 9/27/2013.

Service Report With PA Information: Service Report Without PA Information:

Service Provider	Unit Cost	Units	Cost	Start Date	Goal	PA No	PA Line	Units Used	Last Updated Date
S5100 LINCOLN SELF RELIANCE, INC. (LSR)	\$2.70	59	\$159.30	6/1/2014					
T2015 ABILITIES IN MIND	\$2.70	80	\$216.00	6/1/2014					
T1005 EASTER SEALS WYOMING	\$3.49	1664	\$5,807.36	6/1/2014					

Add

Case Management Services

Case Management Services are now listed in a separate box.

Service Provider	Unit Cost	Units	Cost	Start Date	Goal	PA No	PA Line	Units Used	Last Updated Date
T2022 Aguirre, Lisa	\$268.86	12	\$3,226.32	6/1/2014					

Add

There have been several changes made to the Service Authorization Page.

Case Management is now its own section and offers both monthly and 15 minute units.

Unit costs in the case management services section will be deducted from the IBA.

Service Authorization (part 2)

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T1005 - Respite	
Service	T1005 - Respite
Provider	EASTER SEALS WYOMING
Unit Cost	\$3.49
Units Allocated	1664
Unit Cap	1664
Total Cost	\$5,807.36
Goal for this Service	Provide relief of the primary care giver. Can not be provided while the primary care giver is working.
Start Date	6/1/2014
End Date	5/31/2015

Save Cancel

Slide 14 gives an example of a service that has a cap.

The Case Manager will not be able to save the service if the units listed exceed the Cap.

Please be aware that if you have multiple providers delivering the same service the Cap still applies.

The Division WILL NOT approve units beyond the Cap so please be aware of service definitions and caps before entering the plan into EMWS.

Service Authorization (part 3)

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T2013 - Individual Habilitation Training

• Participant does not meet the age requirements for the selected service.

Service	T2013 - Individual Habilitation Training
Provider	AAI SERVICES
Unit Cost	\$29.66
Units Allocated	49
Unit Cap	
Total Cost	
Goal for this Service	provide goal for service.
Start Date	6/1/2014
End Date	5/31/2015

Save

Cancel

Slide 15 is an example of the error case managers will receive when trying to add a service to a plan that is not available.

In this example Individual Habilitation Training was added for a Participant who is over 21 years old. This service is only an option for Participants under 21; therefore, red script appears at the top of the service box.

The Case Manager will be unable to save this service to the plan.

Contacts

Contacts

Advocate

	Lisa Aguirre	637-8869				
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Doctor

	doc	(999) 999-9999		Med Prof	
	doc	(777) 777-7777		Med Prof	
	dent	(888) 888-8888		Med Prof	
	Dr. Teeth	(307) 777-0001		Med Prof	
	Dr. Vision	(307) 514-0000		Med Prof	
	Dr. Test Case	(307) 777-0000		Med Prof	

Guardian

	mom	(307) 777-7777	Emerg Contact		
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Contact Type:

Backup Case Manager

Backup Case Manager:

Back up case manager information will print with the plan of care.

There has been a change in the “Contacts” section under Waiver Links.

At the bottom of that page case managers will now be **required** to designate the back up case manager.

The back up case manager can be different for different participants on the case manager’s case load.

The back up case manager needs to be aware that they are the back up and will be required to perform all job duties in the absence of the assigned case manager.

This information will be printed with the plan of care for the team to use when the assigned case manager is unable to perform job duties.

Questions

If you have questions regarding the training topic that was covered, please join us for the conference call to discuss this training topic on:

April 24, 8:30 – 10:00 a.m.

Call in number is 1-877-278-8686 Code 252484



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This was just an overview to of the changes to the EMWS.

Part 2 & Part 3 of the EMWS training will provide detail on the changes and transition to the new waiver.

We understand that many of you may have questions about the changes in EMWS.

We will be holding a conference call on April 24 from 8:30-10:00 a.m. to answer your questions on this training topic (Part 1).

The call in number and access information is listed on the slide.

Printable PowerPoint

<http://health.wyo.gov/ddd/index.html>

The PowerPoint for this training can be found on our website under “Recorded Trainings and Supplemental Materials.”

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If you would like a copy of the PowerPoint for this training, please go to the website listed on this slide.

There will also be a survey monkey link posted on our website after the training that case managers will need to take. This will serve as proof that you completed the required training.

You can find all training materials for the new waivers under the ***“Recorded Trainings and Supplemental Materials”*** tab.

We hope you have enjoyed today's training and appreciate you taking the time out of your busy schedules to learn about the changes to EMWS.

Thank you from the Behavioral Health Division and have a wonderful day.